

Sheet 1 of 2

THIS FORM REPLACES DR FORM 40, JAN 02  
PREVIOUS EDITIONS WILL BE DESTROYED

# THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.  
B6-030339

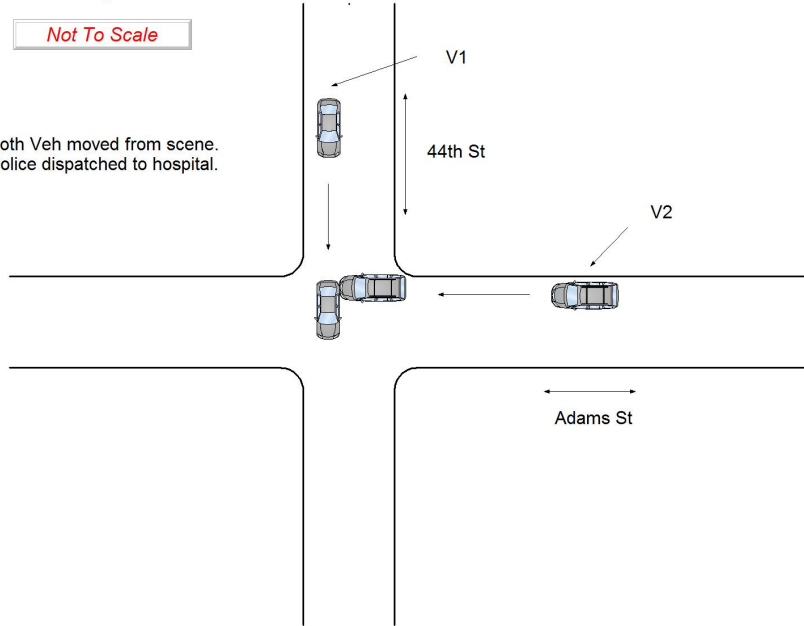


Indicate  
North  
by Arrow



Not To Scale

Both Veh moved from scene.  
Police dispatched to hospital.



## DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

After waiting 32 min for police to arrive, driver of veh 2 called to cancel police and stated she would drive herself to the hospital. There she called police again.

Driver of Veh 2 reports she was traveling WB on Adams, 45th-44th st when veh 1 failed to stop at the stop sign and entered the intersection of 44th/Adams without yielding. Veh 2 struck Veh 1's back end with her front end.

Both exchanged information and left. Unable to contact driver of veh 1 at this time.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME	ADDRESS	PHONE		
	NAME	ADDRESS	PHONE		

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 1				RESTRAINT USE VEHICLE 1				TOTAL OCCUPANTS																																									
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME	VEHICLE 1		VEHICLE 2																																																	
1		X			44th St	POINT OF IMPACT	07	POINT OF IMPACT	08	1 Deployed - front 2 Deployed - side 3 Deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available 6 Unknown				1 None used - vehicle occupant 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet used 8 Costume helmet used 9 Restraint use unknown				<table border="1"> <tr> <th>ALCOHOL TESTING</th> <th>Driver No. 1</th> <th>Driver No. 2</th> <th>Pedestrian</th> </tr> <tr> <td>ALCOHOL LEVEL TESTED</td> <td>Y</td> <td>Y</td> <td>Y</td> </tr> <tr> <td>BAC LEVEL</td> <td>N</td> <td>X</td> <td>N</td> </tr> </table>				ALCOHOL TESTING	Driver No. 1	Driver No. 2	Pedestrian	ALCOHOL LEVEL TESTED	Y	Y	Y	BAC LEVEL	N	X	N																								
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OFFICER NO. 1711	TROOP/ TEAM/ BEAT SW	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Riley Hellings		INVESTIGATOR SIGNATURE Approved by Officer Riley Hellings	DATE OF REPORT 04/29/2016